



CITY OF BEAVERTON

4755 SW Griffith Dr. / P.O. Box 4755 Beaverton, OR 97076 General Information: (503) 526-2222 V/TDD

ENGINEERING SITE DEVELOPMENT PERMIT APPLICATION & EROSION CONTROL FEES

PROJECT NAME AND LOCATION	PROJECT NAME	APPLICATION & EROSION CONTROL FEES
	Address:	
	Tax Lot Map No.	
OWNER	NAME & ADDRESS	<input type="checkbox"/> 0 to 0.99 Acres \$ 1,000.00 (3 AND FEWER RESIDENTIAL UNITS)
	Phone: Fax:	
	E-Mail:	
DEVELOPER	NAME & ADDRESS	<input type="checkbox"/> 1 Acre and Greater \$ 2,500.00 (OR 4 AND MORE RESIDENTIAL UNITS)
	Contact:	
	Phone: Fax:	
ENGINEER - ARCHITECT - PROJECT MGR	NAME & ADDRESS	PLUS TOTAL NUMBER OF ACRES ROUNDED UP TO NEXT WHOLE ACRE (Example: 1.1 Acre = 2) _____ ACRE(S) X \$ 250 \$ _____
	Contact:	
	Phone: Fax:	
CONTRACTOR	NAME & ADDRESS	Total Fees Due at time of application: \$ _____
	Contact:	
	Phone: Fax:	
Revised 6/2007	E-Mail:	Inspection, Adjustments, and SDC Fees These amounts will be calculated by City Staff and collected prior to Site Development Permit issuance.
	License No.	
CONTRACTOR	NAME & ADDRESS	Special Conditions of Approval
	Contact:	
	Phone: Fax:	
Revised 6/2007	E-Mail:	
	License No.	

By my signature, I certify that I have read this application and agree that the supplied information above is correct. I agree to comply with all applicable City ordinances and State laws pertaining to the proposed construction and hereby authorize City representatives to enter upon the above property for inspection purposes. I understand and agree to pay all costs to repair or replace any property damaged while work is being performed under this permit and acknowledge that failure to pay these costs when due will constitute a violation of the terms of the permit and the City may avail itself to any and all legal remedies.

Authorized Signature: _____ Date: _____